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TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions	- - 	
SUBJECT:MV	/M Creations, Inc.	- TE NAME - <u>MUST INCL</u>	IDE SUFFIXI
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	FROM: Susan Morgenstein Heyman Name (Printed or typed)		
	2061 Brookside Drive Address		
	Safety Harbor, FL 34695 City, State & Zip		
•	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION 2In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	FILED 02 NOV -4 PM 4:55
MWM Creations, Inc.	SECRETAINT OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2061 Brookside Drive Safety Harbor, FL 34695	= = =
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	=
ARTICLE IV SHARES The number of shares of stock is: 10,000	-
ARTICLE V INITIAL OFFICERS/DIRECTORS (option The name(s), address(es) and title(s):	onal)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Susan Morgenstein Heyman 2061 Brookside Drive Safety Harbor, FL 34695	****
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Susan Morgenstein Heyman and Michael White 2061 Brookside Drive Safety Harbor, FL 34695	
**************************************	ove stated corporation at the place designated in this

Date

10/30/02 Date